

STANDARD CERTIFICATE OF DEATH

State File No. **969**

FILED JAN 26 1951

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Howard b. CITY (If outside corporate limits, write RURAL and give township) Fayette c. LENGTH OF STAY (If in place) 12 hrs d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard c. CITY (If outside corporate limits, write RURAL and give township) N. Montiteau Township d. STREET ADDRESS R. F. D. #5			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) -- c. (Last) Mitchell		4. DATE OF DEATH (Month) Jan. (Day) 17 (Year) 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 4, 1871		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 1 IF UNDER 1 HR. 10	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Hughey Mitchell		13b. MOTHER'S MAIDEN NAME Caroline Meek		14. NAME OF HUSBAND OR WIFE Margaret Head			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Harris ADDRESS Fayette, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral accident DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 12 hrs. 6 yrs. 3318	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1945 , to June 17, 1951 , that I last saw the deceased alive on 1-17-51 , and that death occurred at 9:24 a.m. from the causes and on the date stated above.							
23a. SIGNATURE Mr. J. Shaw M.D.				23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 1-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/19/51		24c. NAME OF CEMETERY OR CREMATORY Rocheport Cemetery		24d. LOCATION (City, town, or county) (State) Rocheport, Mo	
DATE REC'D BY LOCAL REG. 1-18-51		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-25-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.